

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

5911 -62-042868
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED DEC 10 1962

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY Wyandotte | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS City | | c. CITY OR TOWN KANSAS City | |
| Length of stay in 1b 4 Mo | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4432 Wyoming | | d. STREET ADDRESS (If outside, give location) 1526 39th Ave | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

| | | | | | |
|--|----------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First Hattie Middle Bell Last Pritchett | | | 4. DATE OF DEATH Month Nov Day 21 Year 1962 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH April 9-1880 | 9. AGE (last birthday) 82 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress | | 10b. KIND OF BUSINESS OR INDUSTRY Garment | | 11. BIRTHPLACE (City and state or country) Fayette-Missouri | |
| 12. CITIZEN OF WHAT COUNTRY U. S. A. | | 13a. FATHER'S NAME Coleman Covington Duncan | | 13b. MOTHER'S MAIDEN NAME Suzanna Frances Warrell | |
| 14. NAME OF HUSBAND OR WIFE Rice Pritchett | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 4432 Wyoming | |
| 17. INFORMANT Irene Philgreen | | 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral hemorrhage DUE TO (b) arteriosclerosis DUE TO (c) senility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION 4743 Liberty | |
| 20g. COUNTY KANSAS | | 20h. STATE KANSAS | | 20i. DATE SIGNED 11/23/62 | |

| | | | | | |
|---|--|---|--|---|--|
| 21. I attended the deceased from 11/20/62 to 11/21/62 and last saw her alive on 11/21/62 Death occurred at 10:03 P. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE Paul Lowell MD | | 22b. ADDRESS 4743 Liberty | |
| 22c. DATE SIGNED 11/23/62 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE Nov-23-1962 | |
| 23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery | | 23d. LOCATION (City, town, or county) KANSAS City | | 23e. STATE KANSAS | |
| 24. FUNERAL DIRECTOR Grates, 1901 Olathe Blvd, Kansas City, Kan | | 25. DATE RECD. BY LOCAL REG. 11-23-62 | | 26. REGISTRAR'S SIGNATURE Ruth Long | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Paul Lowell

Dr. Paul Howell
4742 Liberty
Tel-5315

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul R. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland Park, Ks

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.